

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/528,014
Filing Date	March 17, 2000
First Named Inventor	Barany et al.
Group Art Unit	1634
Examiner Name	B.J. Forman
Total Number of Pages in This Submission	208
Attorney Docket Number	19603/481 (CRF D-2472A)

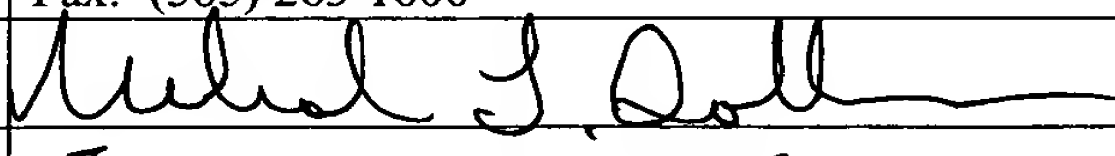
ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Response to Office Communication
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request (\$120)
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application
<input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input checked="" type="checkbox"/> Replacement Drawings (19 sheets)
<input type="checkbox"/> Declaration and Power of Attorney
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Clean Version of Substitute Specification, Excluding Claims
Marked Up Version of Substitute Specification, Excluding Claims
Statement in Accordance with 37 C.F.R. § 1.821 (1 page)
Substitute Sequence Listing (11 pages)
3.5" Computer Readable Diskette Containing Sequence Listing
<input checked="" type="checkbox"/> Check in the amount of \$120.00 |
|--|--|--|

Remarks

- ☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael L. Goldman, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	 Registration No. 30,727
Date	January 21, 2005

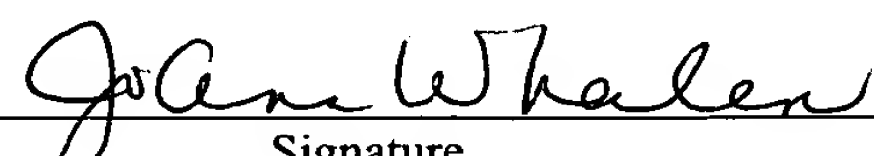
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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January 21, 2005
Date


Signature
Jo Ann Whalen
Typed or printed name

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> FEE TRANSMITTAL JAN 25 2005 FOR FY 2005 </div>		Complete if Known	
Applicant claims small entity status. See 37 CFR 1.27 TO: AMENDMENT OF PAYMENT (\$120.00)		Application Number	09/528,014
		Filing Date	March 17, 2000
		First Named Inventor	Francis Barany
		Examiner Name	B.J. Forman
		Art Unit	1634
		Attorney Docket No.	19603/481 (CRF D-2472A)

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims
17 - 22 = 0 x \$50 = 0

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

HP -- highest number of total claims paid for, if greater than 20

Indep. Claims
1 - 3 = 0 x \$200 = 0

Fee Paid (\$)

HP -- highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	x _____ = _____	_____

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	_____
Other: <u>Fee for One-Month Extension of Time (\$120)</u>		<u>\$120.00</u>

SUBMITTED BY

Signature		Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman	Date <u>January 21, 2005</u>	

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]
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 Name: Jo Ann Whalen